FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

↑ Sepretary of State

| A CLIN | 996 | 000004 | 21 (0) | 1 | | | | | | |
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| Corporation N | vanie | 000804 | SI (0 |) | | | | | | |
| LA BELL | .e vie French Baker) | Y, INC. | | | | | | | | |
| incipal Place o | of Business | Mailing Ac | ddress | | | | | 88M 10M H | 111 60 111 0101 | 8 (119) (19) TOU |
| 7370 RED RD. | | 7370 RED RD. S. MIAMI FL 33143 | | | | | | | | |
| S. MIAMI FL 3 | 3143 | O. MIAN | ni FC 30143 | | | 3. Date Incorporated or O. 11/15/1993 | ualified | - | of Last R 5/23/19 | • |
| Principal Plac | e of Business | 2a. Mailing | g Address | | | 4. FEI Number | | | h | Applied For |
| | | 26 Suito | Apt. #, etc. | | | 65-0459158 | | | | Not Applicable Additional |
| Suite, Apt. #, | , etc. | 27 Suite, | жрт. ж, етс. | | | 5. Certificate of Status Des | sired | | | Required |
| City & State | | City & | State | | | 6. Election Campaign Fina Trust Fund Contribution | | | | O May Be d to Fees |
| 7.0 | Country | 28 Zip | | Cour | ntry | This corporation has liab | | | | |
| Ζιρ | 25 | 29 | | 30 | | Florida Statutes | Yes | □ No | | |
| | 9. Name and Address of Cur | rent Registered | Agent | | 81 Name | 10. Name and Address o | f New R | egistered | Agent | |
| | A. (B. (CT) L.) | | | | | 70 C. St., N., Alberto la Nat / | \ noontob | lo) | | |
| LUCAS, 1 7370 REI | CHRISTIAN D. PD | | | | 82 Street Addr | ess (P.C). Box Number is Not A | Acceptan | ne) | | |
| | FL 33143 | | | | 83 | | | | | |
| V . 1(12 4) | | | | ļ | B4 City | | | FL | 85 Z | p Code |
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| ar raniatore | o the provisions of Sections 607.0 ad agent, or both, in the State of F n, and accept the obligations of, S | -Iorida Such charc | ie was aumonz | eki Dv ine c | ve-named corpor corporation's boar | ration submits this statement for rd of directors. I hereby accept | or the pui the app | rpose of chointment a | ianging its s registere | registered offici d agent. I am |
| or registere familiar with IGNATURE | ad agent, or both, in the State of Fin, and accept the obligations of, Signature, typed or printed name of registered a | Section 607.0505, I | ge was authoriz Florida Statutes | DIE Registered | Agent signature require | | | DATE | D D RECT | DRS IN 12 |
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